
State:	Arkansas	Filing Company:	New York Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Select		
Project Name/Number:	/		

Filing at a Glance

Company:	New York Life Insurance Company
Product Name:	Long-Term Care Select
State:	Arkansas
TOI:	LTC03I Individual Long Term Care
Sub-TOI:	LTC03I.001 Qualified
Filing Type:	Form
Date Submitted:	08/17/2012
SERFF Tr Num:	NWLT-128644162
SERFF Status:	Closed-Approved
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	
Implementation	On Approval
Date Requested:	
Author(s):	Jeanette Slabaugh, Marlyse Tritt, Amy Irby, Sabrina Pena
Reviewer(s):	Donna Lambert (primary)
Disposition Date:	08/17/2012
Disposition Status:	Approved
Implementation Date:	
State Filing Description:	

State: Arkansas
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care Select
Project Name/Number: /

Filing Company: New York Life Insurance Company

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 08/17/2012
State Status Changed: 08/17/2012
Deemer Date: Created By: Marlyse Tritt
Submitted By: Marlyse Tritt Corresponding Filing Tracking Number:

Filing Description:

RE: GENERAL ENDORSEMENT FILING
New York Life Insurance Company
NAIC # 826-66915; FEIN # 13-5582869
Form 1-5 NYLCOB (0812)

Dear Sir or Madam:

The above-captioned general endorsement is being filed for review and approval. Form 1-5 NYLCOB (0812) is new and is not replacing any previously approved form. The endorsement will be provided to new policy holders and may be used with existing policy/certificate holders as outlined below in the endorsement description. There is no additional cost associated with this endorsement

This endorsement is a general use form and may be implemented across all existing New York Life Long-Term Care products. The addition of this provision is required to assure that policy/certificate holders are limited to receiving benefits that are not in excess of the actual expenses incurred. The endorsement will only be applicable to the policies/certificates issued by New York Life. Policies/certificates owned by the insured that are issued by other carriers will not be affected by the addition of this rider to any New York Life issued policy.

To the best of our knowledge and belief, this filing is complete and is intended to comply with the insurance laws and regulations of your jurisdiction.

Bracketed information is considered variable. Variability is required to accommodate the issue of this rider for both Policies and Certificates. We have included a Statement of Variability to support allowable variations.

Thank you for your time and consideration of this filing. Should you have any questions or need additional information, please contact me at 512-344-5912 or at mtritt@newyorklifeltc.com

Sincerely,

Marlyse Tritt
Contracts and Compliance Associate III
New York Life Insurance Company, Long-Term Care

State: Arkansas
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care Select
Project Name/Number: /

Filing Company: New York Life Insurance Company

Company and Contact

Filing Contact Information

Marlyse Tritt, Contracts & Compliance
Associate III
6200 Bridge Point Parkway
Suite 400
Austin, TX 787300

mtritt@newyorklifeltc.com
512-344-5912 [Phone]

Filing Company Information

New York Life Insurance Company
6200 Bridge Point Parkway
Suite 400
Austin, TX 78730-5006
(800) 723-5555 ext. [Phone]

CoCode: 66915
Group Code: 826
Group Name:
FEIN Number: 13-5582869

State of Domicile: New York
Company Type: Long-Term
Care
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: The Arkansas fee is greater than the fee in our domicile.
Per Company: No

Company	Amount	Date Processed	Transaction #
New York Life Insurance Company	\$50.00	08/17/2012	61769213

SERFF Tracking #:	NWLT-128644162	State Tracking #:	Company Tracking #:
State:	Arkansas	Filing Company:	New York Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Select		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	08/17/2012	08/17/2012

SERFF Tracking #:	NWLT-128644162	State Tracking #:	Company Tracking #:
State:	Arkansas	Filing Company:	New York Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Select		
Project Name/Number:	/		

Disposition

Disposition Date: 08/17/2012

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Approved	Yes
Supporting Document	Outline of Coverage	Approved	Yes
Supporting Document	Statement of Variability	Approved	Yes
Form	Policy/Certificate Endorsement	Approved	Yes

State:	Arkansas	Filing Company:	New York Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Select		
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Form Schedule

Lead Form Number: 1-5 NYLCOB (0812)							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved 08/17/2012	1-5 NYLCOB (0812)	POLA	Policy/Certificate Endorsement	Initial:	48.000	1-5 NYLCOB (0812)___FINAL.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



LONG-TERM CARE INSURANCE
[POLICY]/[Certificate] ENDORSEMENT
COORDINATION WITH OTHER NEW YORK
LIFE INSURANCE COMPANY LONG-TERM
CARE INSURANCE POLICIES/CERTIFICATES

NEW YORK LIFE INSURANCE COMPANY

New York Life, Long-Term Care Insurance, [6200 Bridge Point Parkway, Suite 400,] [Austin, TX 78730-5006]

**[Policy]/[Certificate] Endorsement – Coordination With Other New York Life Insurance
Company Long-Term Care Insurance Policies/Certificates**

Insured:	[John Q. Doe]		
Issue Age:	[55]		
[Policy]/[Certificate] Number:	[1234567]	Endorsement	
[Policy]/[Certificate] Effective Date:	[March 1, 2010]	Effective Date:	[July 1, 2012]

This Endorsement attaches to and becomes part of the [Policy]/[Certificate] indicated by the [Policy]/[Certificate] Number above. **Please read this Endorsement carefully.** If this Endorsement is being issued with the [Policy]/[Certificate], it is attached to the [Policy]/[Certificate]. If this Endorsement is being added after the [Policy]/[Certificate] Effective Date, then You should attach this Endorsement to Your [Policy]/[Certificate]. All of the provisions, limitations and exclusions of Your [Policy]/[Certificate] to which this Endorsement is attached remain the same. There is no premium for this Endorsement and future premiums for Your [Policy]/[Certificate] remain payable under the terms of Your [Policy]/[Certificate].

The following provision is added to Your [Policy]/[Certificate]:

Coordination with Other New York Life Insurance Company (New York Life) Individual and/or Group Long-Term Care Insurance Policies/Certificates.

Long-Term Care Benefits Payable under Your [Policy]/[Certificate] may be reduced if New York Life also pays benefits for such services under any other individual Policy and/or Group Certificate issued by New York Life that provides Long-Term Care Benefits defined as a Qualified Long-Term Care Contract, including any and all Policies/Certificates that are or became tax-qualified due to federal grand-fathering requirements under Internal Revenue Code section 7702B (b).

Benefits under Your [Policy]/[Certificate] will be reduced only when payment under Your [Policy]/[Certificate] and all other New York Life Insurance Company individual and/or group Long-Term Care Insurance Policies/Certificates combined would exceed the actual amount You incur for Qualified Long-Term Care Services. New York Life will never pay more than the difference between the actual expenses You incur and the amount payable by other Policies/Certificates with New York Life.

In addition, if You are covered under more than one individual and/or group Long-Term Care Insurance Policy/Certificate issued by New York Life with a similar "Coordination" provision, the Policy/Certificate with the earliest effective date will be considered primary coverage and will pay first. If the Policies/Certificates are issued on the same date, the Policy/Certificate with the lowest "Policy/Certificate Number" will be considered primary coverage and will pay first. Thereafter, payment will be made under any additional Policy/Certificate (deemed secondary coverage) in order of effective date, from the earliest to the latest.

Any New York Life Policy/Certificate without a similar "Coordination" provision will pay first without any reduction in its benefits.

SIGNED FOR NEW YORK LIFE INSURANCE COMPANY:

[]
President

[]
Secretary

State:	Arkansas	Filing Company:	New York Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Select		
Project Name/Number:	/		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved	08/17/2012
Comments:			
Attachment(s):			
READABILITY CERTIFICATION.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved	08/17/2012
Bypass Reason:	Not Applicable		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved	08/17/2012
Bypass Reason:	Not Applicable		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved	08/17/2012
Bypass Reason:	Not Applicable		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	Approved	08/17/2012
Comments:			
Attachment(s):			
Statement of Variability.pdf			

READABILITY CERTIFICATION

COMPANY NAME New York Life Insurance Company, NAIC # 66915, hereby certifies that the following form(s) comply with the minimum reading ease score requirements of Arkansas Statute 23-80-206 and achieved a Flesch reading ease test score of:

FORM NUMBER

1-5 NYLCOB (0812)

FLESCH SCORE

48.0



Digitally signed by Michael Francescone
DN: cn=Michael Francescone, o=New York Life Insurance Company,
ou=Actuary and VP, email=mfrancescone@newyorklifeltc.com, c=US
Date: 2012.08.16 16:14:01 -05'00'

Signature of Company Officer

Michael Francescone, VP and Actuary

Name and Title

August 17, 2012

Date

Statement of Variability

Form Number	Variable Text	Reason for Variability
1-5 NYLCOB (0812)	[POLICY] [/][CERTIFICATE]	Allows Endorsement to be customized to reflect what the Endorsement is being added to. The insured's Endorsement will say either "Policy" or "Certificate" as applicable and not both when bracketed.
	[6200 Bridge Point Parkway, Suite,] [Austin, TX 78730-5006]	In case the company changes physical location